

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L. 86-257 as amended Failure to comply may result in criminal prosecution, fires, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

| 1 File Number U - 9214 | 2 Fiscal Year Covered From. | | | |
|--|--|--|--|--|
| , | 1 / 2004 Through 12/31 / 2004 | | | |
| 3 Name and address of person filing | 4 Name, file number, and address of labor organization | | | |
| Name THOMAS P LEANY (Se) | Name HEAT - FROST LUSGEATURS LORAL #1 | | | |
| | Labor Organization File Number 037-253 | | | |
| PO Box, Bldg , Room No , if any | P O Box, Building and Room Number, if any | | | |
| Street 3371 SAN SEVILLA CT. | Street 3325 HOLLEN BERG DL | | | |
| City BRIDGETON | City BRIDGETON | | | |
| State | State M/8 ZIP Code + 4 63 OULY | | | |
| 5 Position in labor organization BUSINESS AGENT | | | | |
| Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) | | | | |
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent | | | | |
| 6 Name and address of Employer (including trade name, if any) | 7 a Nature of Interest, Transaction, or Income | | | |
| Name | | | | |
| Trade Name, if any | | | | |
| PO Box, Bidg , Room No , if any | | | | |
| | 7.b Amount | | | |
| Street | | | | |
| City | | | | |
| State ZIP Code + 4 | | | | |
| Signature | | | | |
| 15 Signature and ventication. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) | | | | |
| 100/1.1 | | | | |
| Signed hor blake. | | | | |
| | On 12 446 05 3142917398 Date Telephone Number | | | |

| Name of Person Filing | F | ile Number U- | • | |
|--|--|---------------|--------|--|
| B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested | | | | |
| 8 Name and address of Business (including trade name, if any) Name Trade Name, if any P O Box, Bidg , Room No , if any Street City State ZIP Code + 4 | 9 Business deals with a Labor Organization b Trust c Employer | | | |
| 10 If 9 b or 9 c is checked give trust or employer's name | 11 a Nature of such dealing | | | |
| Trade Name, if any P O Box, Bldg , Room No , if any Street City ZIP Code + 4 | 11 b Approximate dollar value of such dealing 12 a Nature of interest held or income received | | | |
| | 12 b Amount | | | |
| C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value | | | | |
| 13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) | 14 a Nature of payment | | | |
| Name BARTLEY, GOFFSTEIN LLC. Trade Name, if any PO Box, Bidg, Room No, if any Street 4399 LACLEDE AVE, City ST. Louis State Mo. ZIP Code + 4 63/88 | WEODING | SIFT. | | |
| 13 b is the Business an Employer or Consultant ? | 14 b Amount of payment | | 303,57 | |